



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 11 2024

5269

1. Entity ID Number 31892		2. Exact name of the Corporation Providence Crance Service Co., Inc.			
3. Principal Office Address 130 Grotto Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 532210		6. Brief description of the character of business conducted in Rhode Island Buy, sell, lease, rent and use cranes			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas D'Agostino			Vice-President Name Jeannine D'Agostino		
Street Address 130 Grotto Avenue			Street Address 130 Grotto Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Jeannine D'Agostino			Treasurer Name Thomas D'Agostino		
Street Address 130 Grotto Avenue			Street Address 130 Grotto Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas D'Agostino			Director Name Jeannine D'Agostino		
Street Address 130 Grotto Avenue			Street Address 130 Grotto Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SE/RLS	PAR VALUE	
		100	common	no par value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Thomas D'Agostino				Date 4/7/2024	
Signature of Authorized Representative <i>Thomas D'Agostino</i>					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov